

# **Master the Art of Presenting Treatment Plans**

Wendy S. Myers, CVJ, President, Communication Solutions for Veterinarians Inc., 6455 Montano Place, Castle Pines, CO 80108, USA; 720-344-2347; <a href="mailto:wmyers@csvets.com">wmyers@csvets.com</a>; <a href="mailto:Csvets.com">Csvets.com</a>; <a href="mailto:Facebook.com/csvets">Facebook.com/csvets</a>; <a href="mailto:YouTube.com/csvets">YouTube.com/csvets</a>; <a href="mailto:@wendysmyers">@wendysmyers</a>

### Meet your consultant



Wendy S. Myers, CVJ, owns Communication Solutions for Veterinarians in Denver, Colorado. Her consulting firm helps teams improve telephone and communication skills, client service, and compliance. Communication Solutions for Veterinarians is a leader in phone-skills training. Wendy offers monthly CE credit webinars. She is a certified veterinary journalist and author of five books, including 101 Communication Skills for Veterinary Teams. For five years, Wendy was a partner in an AAHA-accredited specialty and emergency hospital, which was sold to a corporate group. Wendy is a member of the

American Animal Hospital Association and has been an instructor for AAHA's Veterinary Management School. She serves on a committee for the Foundation for Veterinary Dentistry.

#### What you'll learn:

- Establish initial rapport and gather information from pet owners
- Understand how people learn so you may have collaborative partnerships
- Use positive body language when presenting treatment plans
- Engage clients with visual aids to help them see "inside" pets and understand diagnoses
- Provide the right amount of information, neither holding back or overloading
- Involve clients in shared decision-making and ask for commitments to treat
- Share trusted resources because clients may consult Dr. Google when they leave
- Schedule treatment at checkout
- Get ways to respond when clients decline care

In today's competitive veterinary environment, pet owners may choose corporate and private practices, pet store clinics, shelters, low-cost providers, and specialty and emergency facilities. Pet owners can search online reviews and consult Dr. Google before visiting your veterinary hospital. With so many choices and so much information at their fingertips, pet owners no longer rely exclusively on their veterinarians' advice to treat. To increase case acceptance, you need to employ new strategies. Look at the veterinary visit from the client's perspective and seek ways to exceed their expectations. Veterinary medicine is a relationship business. Pet owners seek care from a veterinary team that can help whether pets need preventive care, emergency services or urgent care for illnesses.

#### Establish initial rapport and gather information from pet owners

Dental and veterinary professions often mirror each other. When researching trends in the dental profession, I consider how to adapt them for veterinary practices. "Forging relationships with patients is paramount to building trust, and trust is ultimately the key to case acceptance," advises Ashlee Adams, a strategic counselor at The Dentists Service Company in Sacramento, California. "It goes beyond the individual dentist's relationship with the patient. The entire dental team must be on board for this strategy to succeed. If a team doesn't understand the purpose of the practice's case acceptance strategy, it is less likely to give the approach its all." Adams says building trust isn't a one-time interaction. The relationship begins with the first phone call and follows through clinical evaluation, financial discussion and scheduling treatment.



The same is true in veterinary medicine. Each pet owner interacts with at least three team members: Receptionist, technician and veterinarian. Everyone should focus on connecting with clients and building rapport. "It's the relational approach rather than the procedural approach that sets the stage for a patient's trust," Adams explains.

Marketing research suggests people need at least three "touches" to get to yes.<sup>2</sup> Your team will discuss treatments for sick-patient visits as well as conditions such as dental disease that are discovered during preventive checkups. Show empathy to communicate you care and focus on solutions to problems to gain acceptance for treatment. Here's an example of three touches for a sick-patient visit for vomiting and diarrhea:

## **Touch 1: Receptionist**

Receptionists should stand to greet clients and patients by name upon arrival. Personal greetings let clients know you're prepared for checkups and calm anxiety for sick-patient visits and surgical and dental admissions. Check the schedule throughout the day because you'll tailor your greetings based on the reason for the visit. You would have an excited greeting for a new puppy exam compared to a compassionate greeting for an attended euthanasia.

For this sick-patient visit for vomiting and diarrhea, the receptionist would stand and say, "Good morning, Mrs. Jones and Petunia. I'm sorry to hear she is having tummy troubles and glad that we can help her feel better. Did you bring a sample of the diarrhea for testing?" (Client responds.) "I will take the sample to our in-house lab. I will let Dr. Tripp and his technician, Tyler, know that you've arrived."

#### **Touch 2: Technician**

When greeting clients in exam rooms, technicians or assistants should introduce themselves, shake hands and explain their role. Say, "Good morning, Mrs. Jones and Petunia. I'm Tyler, the technician who will assist Dr. Tripp. I understand that she's been vomiting and had diarrhea overnight. I will take a brief history of the problem and get her vital signs. Thank you for bringing her stool sample for testing. Does Petunia have any other health or behavior concerns you want to discuss with the doctor?"

Identify all health concerns upfront so you may prioritize the visit and efficiently use exam time. Explaining your role at the start of the appointment puts you in the driver's seat. Some clients may mistake the technician for a doctor and begin a lengthy description of their pets' symptoms. If the client steers you off track with specifics, reclaim control of the conversation by saying, "The doctor will need to hear those important details. Let me take a brief history, and then the doctor will join us."

Decide which history questions the technician and doctor will ask to avoid duplication. Ask history questions such as:<sup>3</sup>

- How often is the pet vomiting?
- What color is the vomit?
- What does the vomit consist of?
- Has the pet eaten any toys, blankets or towels?
- Is the patient defecating normally?
- What does the stool look like (color and consistency)?
- How often is the patient defecating?
- Does your pet strain to defecate?
- When did the diarrhea start?
- Do any other pets in your home have vomiting and/or diarrhea?



- Has your pet traveled recently?
- Have there been any stressful events such as moving, visitors, a new pet, or fireworks?
- Has your pet been recently bathed or groomed?
- Which brand of food do you feed your pet, and how much do you feed each day?
- Which treats or table scraps does your pet eat?

#### **Touch 3: Veterinarian**

As you enter the exam room, introduce yourself with direct eye contact, a warm smile and an outstretched hand. Use names throughout the visit to keep the conversation intimate and caring. As you go through your daily routine, few people outside of friends and family call you by name. The veterinarian would say, "Hello, Mrs. Jones and Petunia. Thank you for bringing her today so we can find out the cause of her vomiting and diarrhea. My technician, Tyler, shared information on what you've already discussed, and I will ask more questions to get a thorough understanding of Petunia's health. Then I will perform a nose-to-tail exam, explain what I find and our next steps for diagnosis and treatment. Before I get started, does Petunia have any other health or behavior concerns that you want me to address today?"

Maintain eye contact rather than burying your nose in the paper chart or electronic medical record. Eye contact shows you're interested in the client and really listening.

Just a physician would start with "Where does it hurt?" open with broad questions that let veterinary clients share information and help you build trusting rapport. Make the client feel she is an important part of the information-gathering process. Don't jump to questions in the interest of efficiency. First, encourage clients to tell stories of problems from when they started to the present in their own words. Say, "Start at the beginning and take me through what has been happening..." or "Tell me how he has been doing since the surgery last week..." Just listen and maintain eye contact.

Allow clients to complete statements without interruption. Ask clarifying questions when clients' statements are vague, or you need more details. For example, "Could you explain why you think your dog is in pain?" Periodically summarize what clients have said to confirm your understanding and invite further information.

## Understand how people learn so you may have collaborative partnerships

People have different learning styles.<sup>6</sup> Because you can't walk into the exam room and ask pet owners, "What type of learner are you?" use a variety of teaching tools. Dr. Marty Becker, American's veterinarian and founder of Fear-Free<sup>SM</sup>, shares the adage, "Tell me and I will forget. Show me and I may remember. Involve me and I will understand."

- 65% are visual learners. They comprehend best when shown an image, model or graphic that demonstrates the problem or treatment. Visual learners may take notes, snap photos or videos with their smartphones, or draw a picture to understand a concept.
- 20% to 25% are auditory learners. They learn information from lecture or discussion. This statistic is important because if you use words alone, you may not be communicating with 75% of your audience.
- 10% to 15% are tactical learners. As "doers" they must perform tasks before they understand them. Use interactive lessons when showing clients how to clean ears, administer subcutaneous fluids, and give medications.



## Use positive body language when presenting treatment plans

Body language accounts for 55% of communication, while 38% is tone of voice and 7% is the actual spoken words, according to Albert Mehrabian, author, researcher and professor emeritus of psychology at the University of California, Los Angeles. When presenting a diagnosis and the need for treatment, use body language to be a confident communicator.



Sit to focus the discussion. Sitting in a stool near the client tells her, "You have my full attention." Besides the physical relief of sitting for a few minutes, you'll enjoy a more engaging conversation because you're on the same eye level and have removed physical barriers between you and the client. Avoid leaning on the exam table. A slouched posture signals disinterest and inattentiveness, no matter how caring you may be.4 Lean toward the client to show you're

interested in her and what she has to say.



Mirror the client's posture. If she is standing, you should stand. If the client is sitting and you are standing, you are in a position of dominance. You want to be on equal footing when having a conversation. If the client is seated, sit in the chair next to her. If the space will be uncomfortably close, kneel next to the client. This veterinarian is demonstrating positive body language by leaning forward, getting on the same eye level, petting the dog, making eye contact, and gesturing to the client. The pet owner is responding by leaning forward. Without hearing the words said, you can "see" the communication during this interaction.



Don't stand behind the exam table and talk across it. Besides blocking communication, this posture is confrontational. When sharing written information such as treatment plans, medication instructions and handouts, position yourself shoulder-to-shoulder or L-shaped next to the client. This allows you to read

Avoid physical barriers between you and the client that block communication.

information right-side up and point to key instructions. This collaborative body language shows you're partners in healthcare decisions. Use a highlighter to mark details that clients will need to remember. Clients also may need to share details with family members who were not present for the veterinary visit.

Have a confident posture. The way you sit or stand signals your mood. A slumped posture can indicate boredom. A relaxed posture suggests a person is calm. A shifting posture may indicate discomfort. Whether you're sitting or standing, your upper body should be relaxed and leaning slightly towards the client. Maintain open position, avoiding crossing your arms.8

Maintain eye contact. Eye contact lets the pet owner know you are focused on understanding and ready to listen. Looking at the person indicates your desire to convey interest, empathy and warmth.8

Lean towards the pet owner. This posture signals you're interested in the client and what she has to say. When a person leans sideways while seated, she is exhibiting friendliness towards you. When a person leans back, he may be bored, uncomfortable, or doesn't like you.

Demonstrate honesty with your hand movements. When a person is being truthful, the palms of the hands will be exposed, and the fingers will be extended. This shows an openness and interest in others.9



Besides paying attention to the body language you're projecting, observe the client's body language. Her body language is disclosing her true feelings:<sup>9</sup>

**Be aware of personal space.** Just as animals have rules for space and territory, people do, too. If you get too close to a client, she may cross her arms (a subconscious way of protecting herself), pull back her face, or even tuck her chin into her chest. Her voice may become tense as a way to let you know to back off. Getting too close to someone can make her feel defensive and self-conscious. A person who feels powerful and confident usually takes up more physical space, extending the arms and legs. Likewise, a less secure person tends to pull the arms and legs toward themselves.

**Rocking back and forth signals a person is impatient or anxious.** Adults also rock back and forth when they're uncomfortable to calm themselves during anxious moments.

**Fidgeting may indicate a person's nervousness.** This movement tells you they don't want to be at your veterinary hospital. Tapping feet or wringing hands can be a sign that the person is anxious or irritated.

**Beware of the bobble head.** People who constantly nod their heads in a "yes" movement while you speak may be pleasers who aim to make you feel comfortable. They desire to be liked. Constantly nodding says, "Like me. I agree with everything you say, so like me back." These people are often insecure and fear rejection.

**Observe slumped posture.** When someone is sad, she tends to slump. Rounded shoulders could be a sign that this client is shouldering a burden, is depressed, or is uninterested in what you have to say.

**Crossing arms is a defensive gesture.** This posture shows the client feels uncomfortable and wants to protect herself. It also may mean that she's closing you off. Don't say, "I'm sorry you had to wait." This reinforces the client's negative emotions. Instead, say, "Thank you for your patience. I know your time is important, so let's get started."

**Look for surprised eyes.** When a client is surprised or taken off guard, her eyes will open extremely wide, eyebrows will raise up, and the jaw may drop, or the lips may part. You may get this reaction when presenting a serious diagnosis or the cost of care.

**Look out for angry eyes**. An angry person will gaze directly at the person with whom he is angry. The eyes appear scrunched up and the person may be attempting to intimidate, dominate, or threaten you. Think of actor Clint Eastwood saying, "Go ahead, make my day."

#### Engage clients with visual aids to help them see "inside" pets and understand diagnoses

Consider models, websites, dry-erase boards, x-rays, handouts, exam report cards, digital photo frames, and videos as teaching tools.

Let's say you see signs of dental disease during a patient's checkup. To help the client learn about her pet's dental problems, teach with actions such as:





Take photos to illustrate the need for treatment. When you see bleeding gums, a broken tooth or skin infection, take a picture with your smartphone. Show clients what you see. Smartphones let you adjust exposure, crop and mark up images. Zoom and crop to enlarge images of painful conditions such as resorptive lesions. Use the print feature to send the photo to a blue-tooth enabled color printer. Text or email images to clients and share them online in patients' portals. Save digital photos to patients' electronic medical records. Take dental photos during

each preventive care exam, which gives you pictures to compare the progression of dental disease over time. Sharing photos lets clients participate in the discovery phase.

**Use a dental report card.** Show the stage of periodontal disease and how it will progress. Virbac, maker of C.E.T. dental products, offers a dental report card with photographs of stage 1 to 4 dental disease in dogs and cats (brochure VP028).



**Share jaw models with clear gums.** Pet owners don't realize 60% of the tooth surface is below the gumline and can't be seen on physical exam. Use dental models when explaining why you take x-rays to see below the gumline. Order clear canine and feline dental models through veterinary distributors or <a href="https://www.im3vet.com">www.im3vet.com</a>.

Show clients behind-the-scenes care. Create photo books, digital slideshows and videos to illustrate steps of procedures. Take a photo of each professional service listed on your treatment plans, from your in-house lab to patients receiving nursing care during recovery. Pictures and videos are valuable teaching tools because few clients have seen pets under anesthesia. Take kid-friendly photos because children will want to see the images you're showing to their parents. Take a photo of a smiling technician in your in-clinic lab to demonstrate preanesthetic testing—don't show a jugular blood draw on a patient (frightening!). Use websites such as Shutterfly, Walgreens or Costco to create photo books. Place photo books in each exam room and your lobby. For a digital option, create slideshows on digital photo frames, tablets or exam room computers. When computer hibernate, your slideshow becomes the screen saver.

**Show clients where procedures will happen.** Offer to walk clients through your in-house laboratory, surgical suite and treatment area, or post a virtual tour on your website for easy client access.

## Provide the right amount of information, neither holding back or overloading

Spend time discussing exam findings, test results and treatment plans with pet owners. Your initiative indicates you respect them enough to share this information, and you think they are intelligent enough to understand it.<sup>10</sup> Veterinarians who take the time to explain lab results, diagnoses and treatments report that clients require less follow-up time on the phone and in the office.<sup>10</sup>

Avoid making assumptions about clients' level of knowledge or their ability to apply it under stress. <sup>10</sup> A client may struggle to make decisions when the pet is sick. Your goal is to ease anxiety through education, so the client is prepared to choose treatment.

## How do clients make decisions?

Do they follow a logical or mathematical approach, or do they think empathetically and ask how this decision will affect others? The answer is both. Most people combine logic and empathy when making choices, so logical deciders aren't cold-hearted and empathetic deciders aren't pushovers. Yet, people prefer one approach over the other when choosing.



When an emergency patient has an abscessed tooth or broken bone, it's easier to motivate the client to accept treatment compared to a symptom-free pet with Grade 1 dental disease. Instead of presenting the treatment, present the problems, explains Chris Bowman, DDS, a dentist, author, speaker and dental coach in Charlotte, North Carolina. Think "problem presentation" instead of case presentation. Present problems so clients are compelled to request solutions. Dr. Bowman says instead of focusing on the treatment of periodontal disease, describe bleeding gums, excessive tartar, pus, and decaying teeth. Plain language demonstrates problems are taking the patient's health in the wrong direction. Clients don't want "treatment," they want solutions to problems, Dr. Bowman advises.

**Logical decision makers:** People may be more comfortable making decisions that don't involve feelings. This preference has a gender bias, with two-thirds of men being logical decision makers. Logical-thinking clients tend to:

- Be straightforward and less tactful
- May seem curt, businesslike and less friendly
- Ignore or dismiss discussions about feelings they can't logically process

Logical clients will deal with their pets' dental diagnoses by discussing health benefits, risks of anesthesia and the cost of care. With this information, they will choose whether to proceed.

When explaining a dental diagnosis to a logical decision maker, the veterinarian would say, "<Pet name> has Grade 1 dental disease. He needs a dental treatment now to slow the progression of his dental disease and to treat the infection. As his dental disease gets worse, serious health problems will happen. It's common for pets to get painful abscesses or a toothache that causes them to eat less or not at all. Bacteria in the mouth passes through the bloodstream and can permanently damage the kidneys, heart, liver and lungs. A dental treatment will remove built up tartar and plaque. The cost of care is most affordable at Grade 1. Advanced dental disease may require oral surgery to remove diseased teeth, which increases the cost of care. I will have my technician explain the steps of a professional dental treatment and our anesthetic protocols. What questions can I answer about my diagnosis?" The phrase of "what questions" invites the pet owner to ask about anything he is unsure of and is more effective phrasing than the yes-or-no choice of "Do you have any questions?"

**Empathetic decision makers:** While these clients can make logical choices, they are more in tune with sentimental or emotional implications of their decisions. About two-thirds of U.S. women are empathetic decision makers. Empathetic decision makers tend to:

- Be more social and friendly
- May ramble at times and not present information in a linear way
- Accept the information they are given
- Want to spend more time talking about general topics and less focused on the task at hand
- Take feelings into account when choosing and need more than just facts

When a pet needs a dental procedure, this empathetic client will be concerned about dental pain, health consequences, how the pet will feel while receiving treatment, risks of anesthesia, and the importance of the pet to the family.

To explain the dental diagnosis to an empathetic decision maker, the veterinarian would say, "<Pet name> has Grade 1 dental disease. He needs a dental treatment now to treat the infection, reduce dental pain and slow the progression of his dental disease. As his dental disease gets worse, serious health problems will happen. Bacteria in the mouth passes through the



bloodstream and can permanently damage the kidneys, heart, liver and lungs. Early treatment can help prevent painful abscesses and possible oral surgery. Because oral health impacts overall health, you will see long-term benefits. I will have my technician explain the steps of a professional dental treatment and our anesthetic protocols. What questions can I answer about my diagnosis?"

When presenting cases, find the sweet spot that's part education and part motivation, advises Roger P. Levin, DDS, a third-generation dentist and the chairman and chief executive officer of Levin Group Inc., in Owings Mills, Maryland. During the presentation, mention the top benefits throughout the discussion—beginning, middle and end. By reinforcing them throughout the entire consultation, you are continually reminding patients why they should move forward with treatment," he says.

# Involve clients in shared decision-making and ask for commitments to treat

Clients are more likely to accept the cost of treatment if they understand the immediate and long-term benefits to their pets' health. After a great case presentation, don't fail to close.

**Provide treatment plans on the day of diagnosis.** Clients need to know what care their pets will need and the associated fees. You want to give them enough information to decide today. A treatment plan serves four purposes: 1) Explains needed medical care, 2) Gives you legal permission to treat, 3) Estimates the cost of care and 4) States payment policies.

Never email treatment plans after diagnoses. In your rush to get from one exam to the next, you tell the client you will email the treatment plan this afternoon. You cannot have an engaging discussion, share visual aids and answer questions by email. Delaying the delivery of the treatment plan tells clients that professional care isn't urgent or important.

Have technicians present treatment plans. Never have receptionists give clients treatment plans at checkout. Clients may feel uncomfortable asking medical and financial questions in a public lobby. Because technicians perform dental treatments, they are best positioned to explain procedures and anesthetic protocols in the privacy of exam rooms. Your medical team should take lead in discussing procedures. Doctors may want to discuss the steps of complex surgeries such as orthopedic procedures, but technicians would still have the money conversation.

**Avoid the term "estimate."** This word centers on price. "Treatment plan" emphasizes needed medical care. Some human dentists use the term "treatment solutions."

**Address fear of anesthesia.** Veterinarians often blame price as the obstacle when fear of anesthesia may be the culprit. Although veterinarians have good intentions, clients hear a parental "don't worry." Clients deserve more than trite responses that superficially address the elephant in the room. Rather than assuming less information reduces stress, veterinarians and technicians need to dive headfirst into concerns. The most common anesthetic complications in companion animal medicine are intra-operative hypotension, cardiac arrhythmias, post-operative regurgitation, aspiration pneumonia, dysphoria, cerebellar dysfunction, and blindness or deafness in cats. <sup>13-24</sup> Risk of anesthetic death in dogs and cats is 0.17% and 0.24% respectively. <sup>25</sup> When categorized by health status, risk of anesthetic death in healthy dogs and cats drops to 0.05% and 0.11%. <sup>25</sup>

Explain your anesthetic protocols to answer clients' concerns of "Will my pet wake up?" Use your photo book or digital slideshow while describing protocols. Say, "Your pet needs preanesthetic screening, which includes blood and urine tests. These tests are an internal physical exam that lets us check



organ function and identify any unknown conditions. If results are within normal ranges, we will proceed with confidence. If results aren't normal, we can alter the anesthetic procedure and take precautions to reduce the risk of complications. We'll also have a baseline as part of your pet's medical history. We will monitor your pet's blood pressure, heart rate and body temperature throughout the procedure. <Pet name> will have an IV catheter to let us administer fluids for hydration and give medications. One technician will monitor anesthesia and your pet's vital signs, while another performs the dental procedure. We will call/text you when your pet is awake, and you're welcome to call us anytime for updates. What questions can I answer about your pet's procedure and our anesthetic protocols?"

Offer financial solutions. When a client asks, "Do you have payment plans?" smile and say, "Yes, we do! Let me show you how to apply." Establish relationships with third-party patient financing companies to remove money obstacles. When you're presenting treatment that will require out-of-pocket costs over \$300, mention the availability of patient financing—and mention it early in the conversation, Dr. Levin advises. 12 Most consumers resort to financing for larger purchases. It's not the sticker price that matters as much as the monthly payment. "If patients think they can't afford the treatment right from the get-go, they will tune you out right away. If they know the treatment won't bust the bank, they'll be listening intently to your presentation, which means you'll be more likely to convince them to move forward with treatment," the dental consultant says.

If financing isn't available, 43% of pet owners would decline procedures due to cost.<sup>26</sup> If a client says, "I can't afford treatment," the first no is not the final no. Acknowledge pet owners' concerns, and then share financial solutions. Say, "I understand you're concerned about the cost of your pet's emergency surgery, which is \$1,500. We offer \_\_\_\_\_\_, a payment plan for approved clients, which has six months of deferred interest. Would \$250 per month fit your budget?"

Here are third-party providers that provide financing for veterinary clients:

- CareCredit, <u>www.carecredit.com/practices/veterinary/</u>
- iCare Financial, <u>www.icarefinancialcorp.com/veterinary-financing-program</u>
- PaymentBanc Financing, <u>www.paymentbanc.com</u>
- Scratch Pay, <a href="https://scratchpay.com">https://scratchpay.com</a>
- Vet Billing, <u>www.vetbilling.com</u>
- Wells Fargo Health Advantage, <a href="https://retailservices.wellsfargo.com/wfha\_veterinarians.html">https://retailservices.wellsfargo.com/wfha\_veterinarians.html</a>

Third-party financing isn't just for emergencies. Clients may need financing options for procedures, preventive care, medications and more. Financing could help multi-pet families provide care for every pet, not just the one with the greatest medical need.

**Ask for a commitment to treat today.** Dental consultant Dr. Levin says, "Remember, you are the expert, and you are in charge of the case presentation. Don't get cold feet when it's time to ask for a commitment. Be direct. Say, "I recommend you have this procedure. Would you like to receive the benefits of this procedure?" The majority of patients will say "yes." 12

After presenting the treatment plan and answering the client's questions, ask closing questions such as:

- What questions can I answer about your pet's treatment?
- Shall we schedule your pet's procedure?
- Do you need more information, or have I explained enough for you to decide?



Once the pet owner accepts treatment, say, "To schedule your pet's procedure, I need your signature on the treatment plan. We will keep it in your pet's medical record, and I'll also give you a copy to take home so you have information on the services and fees you accepted."

### Share trusted resources because clients may consult Dr. Google when they leave

More than 75% of pet owners use the Internet to access pet health information before they call you to schedule an appointment. Start with appreciation and empathy rather than starting an argument. This pet owner invested time in doing homework on his pet's symptoms and is genuinely concerned. Acknowledge the pet owner's effort, and then provide solutions. Say, "I appreciate your concern about your pet's symptoms and your interest in searching online for information. Many diseases can have similar symptoms. To get the complete picture, I'm will ask you questions about your pet's symptoms and perform a nose-to-tail exam. I may need to take x-rays / do blood work as an 'internal physical exam.' Then I will share my diagnosis and expertise as a doctor of veterinary medicine. We both want to get an accurate diagnosis of your pet's condition, so we may choose appropriate treatment. You took the right step by bringing your pet to our hospital today."

Explaining the reasons behind history taking, a comprehensive exam and diagnostics shows you're committed to finding solutions. Compare diagnostics to the "internal physical exam" and as professional services that can only be delivered at a veterinary hospital. Saying "We both want to have an accurate diagnosis" makes the client your partner. Compliment his decision to seek professional advice.

Provide handouts and trusted websites. After a serious diagnosis, pet owners are even more likely to look online. Offer printed and electronic handouts that include links to trusted websites. Say, "I know you will have more questions about your cat's diagnosis of diabetes today. I'm sending you home with (or emailing) handouts that you can share with family. Each handout lists trusted websites where you can find accurate information. We are going to work together to make sure that your cat enjoys the longest quality of life with this condition. If you have questions about diabetes or what you find online, please call our hospital first. Here's my business card."

Share trusted links on your website, client handouts and social media. Use big, bold type or a box at the bottom of handouts labeled "TRUSTED LINKS." Veterinary Information Network offers free handouts written by veterinarians (www.veterinarypartner.com). Direct clients to veterinary organizations, colleges and research groups. Your hospital's website and YouTube channel can take center stage. For example, your handout on how to brush a pet's teeth should include a link to your YouTube video featuring your technician demonstrating brushing techniques. Here are favorite trusted websites to share with clients:

Topic	Trusted source	Website
Animal poison control	ASPCA	www.aspca.org/pet-care/animal-poison-control
Cancer	Veterinary Cancer	http://vetcancersociety.org/pet-owners/faqs/
	Society	
Canine influenza	American	www.avma.org/public/PetCare/Pages/CanineInfluenza.aspx
	Veterinary Medical	
	Association	
Cat care	American	www.catfriendly.com
	Association of	
	Feline Practitioners	



Dental disease	American Veterinary Dental College	www.avdc.org/periodontaldisease.html
Feline behavior	American Association of Feline Practitioners (AAFP)	www.catvets.com/cat-owners/behavior-and-care-tips/
Feline general health	Cornell Feline Health Center	www.vet.cornell.edu/fhc/Health_Information/topics.cfm
General health	AAHA	www.aaha.org/pet_owner/pet_health_library/default.aspx
General health	IDEXX	www.pethealthnetwork.com
General health	Veterinary Information Network (VIN)	www.veterinarypartner.com
General health	Vetstreet	www.vetstreet.com
Lepto	AVMA	www.avma.org/public/PetCare/Pages/Leptospirosis.aspx
Parasites	Companion Animal Parasite Council	www.petsandparasites.org
Rabies	AVMA	www.avma.org/public/Health/Pages/rabies.aspx
Tick-borne	IDEXX	www.pethealthnetwork.com/dog-health/dog-diseases-
disease		conditions-a-z/dogs-ticks-and-tick-borne-parasites

#### Schedule treatment at checkout

**Avoid the mind-erase hallway.** Every practice has a mind-erase hallway that connects exam rooms to the front desk. Clients may forget to schedule follow-up care or procedures on the way to the checkout counter. To bridge this gap, choose from these strategies:

- 1. If you have computers in exam rooms, the technician can book the procedure now.
- 2. Use a travel sheet or alert in your practice-management software. My book, *The Veterinary Practice Management Resource Book & CD*, features travel sheets, dental reminders, post-dental report cards and consent for additional dental services if needed. Many practices with paper or paper-light records use laminated travel sheets to enter charges and note reminders and follow-up care.
- 3. Walk the client to the checkout desk for a verbal handoff. The technician or veterinarian would tell the receptionist, "<*Client name*> needs to schedule a Grade 2 dental procedure for pet name>. She/he signed the dental treatment plan today and wants to schedule it next week." Thank the client and say good-bye.

**Schedule the procedure on the day of diagnosis.** To guide the pet owner to schedule, offer the doctor's next two surgical/dental days. Strive to schedule the procedure with the same doctor who diagnosed the condition because he will be familiar with the case and enjoy production pay. Scheduling with the same doctor also increases clients' confidence.

**Book procedures first, pay last.** If the client will check out at the front desk, the receptionist should schedule the procedure first, and then collect payment for today's services. Use the two-yes-options technique and say, "Dr. <Name> diagnosed <pet name> with Grade 1 dental disease. Let's schedule your pet's procedure first, and then I will get you checked out for today's services. We can perform the dental treatment on Monday or Wednesday. Which fits your schedule?" An appointment reminder for the procedure will print on today's receipt. Provide fasting instructions and let the client know you will call, email or text to confirm one day before the procedure.



## Get ways to respond when clients decline care

If the client declines treatment, use two compliance strategies:

**1. Use medical callbacks.** A veterinarian or technician will call the client seven days after diagnosis. Don't wait 30, 60, or 90 days before following up. The details of the treatment plan will no longer be fresh in the pet owner's mind, and the cost of care will increase over time. Having the medical team call brings urgency and importance to the need for treatment. Clinical staff are best positioned to answer clients' medical questions.

Let's say the veterinarian diagnosed Grade 3 dental disease in a Yorkie last week and the client did not schedule the procedure. Have technicians call Grade 1 and 2 diagnoses while doctors focus on advanced cases with Grade 3 and 4 dental disease. The doctor would say, "This is Dr. <Name> from <Your Veterinary Hospital>. I am following up on pet name's> Grade 3 dental diagnosis last week.
As we discussed during the exam, your pet's dental disease will continue to get worse and may cause serious health problems such as painful abscesses or a toothache that causes your pet to eat less or not at all. Bacteria in the mouth can pass through the bloodstream and permanently damage the kidneys, heart, liver and lungs. My technician, <name>, provided a treatment plan that explained the dental services and fees. What questions can I answer about the procedure? (Client responds.) "I can perform your pet's dental procedure next Tuesday or Thursday. I can connect you with the receptionist who will schedule your pet's dental admission and answer questions about our financing programs."

Known as the two-yes-options technique, offering the next two available days for the dental procedure guides the client to accept care. Offering to connect the call to the receptionist lets the client talk about financing with an employee and may be more comfortable than talking with the doctor about money.

Increasing dental compliance could have a significant impact on practice health. The *AAHA Veterinary Fee Reference*, 10<sup>th</sup> edition, reports the average dental case is \$516.<sup>28</sup> If callback efforts generate two additional procedures per week, you could increase dental income \$4,128 per month or \$49,536 annually.

2. Forward book the next visit. Set the next appointment for a medical progress exam, preventive checkup or disease-management exam. You can revisit the need for treatment during the next appointment. Getting the client and patient to return increases the likelihood that he will eventually accept the needed treatment. Use the technique of "schedule first, pay last" so the appointment reminder prints on today's receipt. Let's look at strategies for three types of patient visits:

**Progress exams:** State a specific date for follow-up care and use benefit statements to persuade the client to forward book. In the exam room where the veterinarian has the client's complete attention, tell the pet owner, "I will need to see your dog again in two weeks for a medical progress exam, which will be on <date>. I will examine your dog again to make sure the ear infection has healed. Follow-up care is important because ear infections can be painful and return."

For progress exams, strive for "same day, same time, same doctor." If the client is here at 3 p.m. on a Monday, she can likely visit again at a similar time and day of the week. Book the appointment with the same veterinarian, ensuring continuity of care and efficient use of exam time. If a different doctor sees the same patient on follow up, he will spend double the amount of time compared to the original veterinarian. Receptionists must ask with confidence, never suggesting, "Do you want to make your next appointment?" which gives clients an option to decline necessary care. The receptionist would say, "Dr.



<Name> needs to see your dog again on <date> for a medical progress exam for his ear infection. Let's schedule his exam first, and then I'll get you checked out for today's services. Does this same time, 3 p.m. on <date>, work for you?"

When clients don't schedule, contact them one week before care is due so you'll have several appointment choices to offer. Call or text the client based on his preferred communication method. When calling the pet owner, say, "This is <your name> with <Your Veterinary Hospital>. Dr. <Name> asked me to call you to schedule <pet name's> progress exam so he can look inside the ear canal to be sure the ear infection has healed. The doctor can examine your pet next Monday at 3 p.m. or Tuesday at 10 a.m. Which do you prefer?" A text message would say, "Max needs a follow-up exam for his ear infection. Do you prefer 9 a.m. Thursday or 2 p.m. Friday?" You've turned the 5-minute phone conversation into a 10-second text and gained compliance for follow-up care.

Use texting services such as:

- AVImark Rapport Client Communications, https://avimark.net/practice-solutions/rapport/
- Dialog Health, www.dialoghealth.com/industry
- IDEXX Client Communications, <u>www.idexx.com/en/veterinary/software-services/client-communications/</u>
- VitusVet, http://content.vitusvet.com/request-a-demo-of-the-vitusvet-vet-app-csvets
- Zipwhip, www.zipwhip.com/blog/special-20-off-for-veterinarians/

**Disease-management exams:** Forward booking is especially important for patients with chronic health conditions such as cardiomyopathy, hyperthyroidism, kidney disease and diabetes. Once you diagnose a pet with a chronic condition, switch the patient from a preventive exam to a disease-management exam code. The disease-management exam reminds quarterly or at the interval the veterinarian determines. Scheduled follow-up care will let the veterinarian provide optimal disease management. Clients also will appreciate that the veterinarian has spread out the cost of care. My cat, Caymus, has cardiomyopathy and gets cardiac workups every six months. When forward booking chronic conditions, use benefit statements such as: "Let's schedule Caymus' next cardiac workup, which will be due in six months. We want to successfully manage his cardiomyopathy. Six months from today would be Dec. 14. Dr. <Name> could see your kitty at 10 a.m. on Thursday, Dec. 14 or 3 p.m. on Friday, Dec. 15. Which do you prefer?"

**Preventive checkups:** Six out of 10 pet owners will forward book their pets' checkups, an American Animal Hospital Association (AAHA) State of the Industry report found.<sup>29</sup> Lead clients to schedule: "*Just as your dentist has you schedule your next appointment at checkout, we do the same, so we may proactively manage your pet's health. Dr. <Name> could see your pet at 10 a.m. on Wednesday, Dec. 27 or 3 p.m. on Friday, Dec. 29. Which do you prefer?"* 

Guide pet owners to book future exams with the two-yes-options technique. The first choice is the same day of the week and time as today's appointment. The second choice is a different day of the week and time of day (morning vs. afternoon). When a procrastinator won't book, be persistent. Say, "I understand you don't know your schedule 12 months from today. Let's book your pet's next checkup for this same day and time next year. We will confirm two weeks before the exam, so if you need to change the appointment it will be easy. By scheduling today, you will get your first choice of doctor, day and time. Your appointment reminder for 10 a.m., Wednesday, Dec. 27 will print on today's receipt."



Case presentation is a balancing act between multiple moving parts, including education, motivation, financial discussion, relationship building, customer service and selling, Dr. Levin advises. How will you get more clients to say yes to pets' treatments?

wr 1.	Which goals will you implement from today's training? 1.				
2					
3.					

#### References:

- 1. Adams, A. Effective Case Presentation and Acceptance in the Dental Practice. California Dental Association. Published Sept. 12, 2017. Accessed Oct. 2, 2018 at <a href="www.cda.org/news-events/effective-case-presentation-and-acceptance-in-the-dental-practice">www.cda.org/news-events/effective-case-presentation-and-acceptance-in-the-dental-practice</a>.
- 2. Business Insider, "How many contacts does it take before someone buys your product?" Published July 12, 2011. Accessed Oct. 2, 2018 at <a href="https://www.businessinsider.com/how-many-contacts-does-it-take-before-someone-buys-your-product-2011-7">www.businessinsider.com/how-many-contacts-does-it-take-before-someone-buys-your-product-2011-7</a>.
- 3. Prendergast, H. Front Office Management for the Veterinary Team, 2<sup>nd</sup> edition. © Saunders 2015. Accessed Oct. 2, 2018 at <a href="https://books.google.com/books?id=eG3XBQAAQBAJ&pg=PA263&lpg=PA263&dq=questions+for+veterinary+technicians+to+ask+clients+whose+pets+have+diarrhea&source=bl&ots=Xunp47lxRD&sig=L52j W nmDhts2 7-MxDMRJBSGY&hl=en&sa=X&ved=0ahUKEwiwx4zt-unZAhVD12MKHZ90B1gQ6AElejAJ#v=onepage&q=questions%20for%20veterinary%20technicians%20to%20ask%20clients%20whose%20pets%20have%20diarrhea&f=false.</p>
- 4. Ward, E. Let's take about it: Getting the best medical history from your clients. Proceedings from CVC in Washington, DC, 2008. Access Oct. 2, 2018 at <a href="http://veterinarycalendar.dvm360.com/lets-talk-about-it-getting-best-medical-history-your-clients-proceedings?id=&sk=&date=&%0A%09%09%09&pageID=2">http://veterinarycalendar.dvm360.com/lets-talk-about-it-getting-best-medical-history-your-clients-proceedings?id=&sk=&date=&%0A%09%09%09&pageID=2</a>.
- 5. Adams, C. and Kurtz, S. Skills for Communicating in Veterinary Medicine. Otmoor Publishing and Dewpoint Publishing, 2017; pp. 90-91.
- 6. Klingbord, J. Exam Room Communication for Veterinarians. AAHA Press © 2011; pp. 27, 29, 160-162, 34-35.
- 7. Albert Mehrabian. Wikipedia. Accessed Oct. 2, 2018 at <a href="https://en.wikipedia.org/wiki/Albert Mehrabian">https://en.wikipedia.org/wiki/Albert Mehrabian</a>.
- 8. Gray, C. and Moffett, J. Handbook of Veterinary Communication Skills. Wiley-Blackwell. 2010; pp 7-12.
- 9. Glass, L. I Know What You're Thinking: Using the Four Codes of Reading People to Improve Your Life John Wiley & Sons © 2002.
- 10. Smith, C. Client Satisfaction Pays, 2<sup>nd</sup> edition, AAHA Press, 2009; pp. 51, 52.
- 11. Bowman, C. Dental Case Presentation: Present the Problem, Not the Treatment. Dentistry IQ. Published Jan. 18, 2014. Accessed Oct. 2, 2018 at <a href="https://www.dentistryiq.com/articles/2014/01/dental-case-presentation-present-the-problems-not-the-treatment.html">www.dentistryiq.com/articles/2014/01/dental-case-presentation-present-the-problems-not-the-treatment.html</a>.
- 12. Levin, R. 4 Ways to Tweak Your Case Presentation to Increase Case Acceptance. Modern Dental Network. Published March 27, 2017. Accessed Oct. 2, 2018 at <a href="http://practicemanagement.dentalproductsreport.com/article/4-ways-tweak-your-case-presentation-increase-case-acceptance">http://practicemanagement.dentalproductsreport.com/article/4-ways-tweak-your-case-presentation-increase-case-acceptance</a>.
- 13. Gaynor JS, Dunlop CI, Wagner AE, et al. Complications and mortality associated with anesthesia in dogs and cats. *J Am Anim Hosp Assoc* 1999;35:13-17.
- 14. lizuka T, Kamata M, Yanagawa M, et al. Incidence of intraoperative hypotension during isoflurane-fentanyl and propofol-fentanyl anaesthesia in dogs. *Vet J* 2013;198:289-291.
- 15. Mazzaferro E, Wagner AE. Hypotension during anesthesia in dogs and cats: Recognition, causes, and treatment. *Comp Cont Educ Pract* 2001;23:728-+.



- 16. Davies JA, Fransson BA, Davis AM, et al. Incidence of and risk factors for postoperative regurgitation and vomiting in dogs: 244 cases (2000-2012). *Javma-J Am Vet Med A* 2015;246:327-335.
- 17. Ovbey DH, Wilson DV, Bednarski RM, et al. Prevalence and risk factors for canine post-anesthetic aspiration pneumonia (1999-2009): a multicenter study. *Vet Anaesth Analg* 2014;41:127-136.
- 18. Becker WM, Mama KR, Rao S, et al. Prevalence of Dysphoria after Fentanyl in Dogs Undergoing Stifle Surgery. *Vet Surg* 2013;42:302-307.
- 19. Vaisanen M, Oksanen H, Vainio O. Postoperative signs in 96 dogs undergoing soft tissue surgery. *Vet Rec* 2004;155:729-733.
- 20. Light GS, Hardie EM, Young MS, et al. Pain and Anxiety Behaviors of Dogs during Intravenous Catheterization after Premedication with Placebo, Acepromazine or Oxymorphone. *Appl Anim Behav Sci* 1993:37:331-343.
- 21. Shamir M, Goelman G, Chai O. Postanesthetic cerebellar dysfunction in cats. *J Vet Intern Med* 2004;18:368-369.
- 22. Barton-Lamb AL, Martin-Flores M, Scrivani PV, et al. Evaluation of maxillary arterial blood flow in anesthetized cats with the mouth closed and open. *Veterinary Journal* 2013;196:325-331.
- 23. Jurk IR, Thibodeau MS, Whitney K, et al. Acute vision loss after general anesthesia in a cat. *Vet Ophthalmol* 2001;4:155-158.
- 24. WonGyun S, BoYoung J, TaeEog K, et al. Acute temporary visual loss after general anesthesia in a cat. *Journal of Veterinary Clinics* 2009;26:480-482.
- 25. Brodbelt DC, Blissitt KJ, Hammond RA, et al. The risk of death: the confidential enquiry into perioperative small animal fatalities. *Vet Anaesth Analg* 2008;35:365-373.
- 26. CareCredit Path to Purchase study, 2016. Study on file at CareCredit.
- 27. Verdon, D. Veterinary challenge: Occupy the Internet to build credible information for pet owners. DVM Newsmagazine, October 2011. Accessed Oct. 2, 2018 at <a href="http://veterinarynews.dvm360.com/veterinary-challenge-occupy-internet-build-credible-information-pet-owners">http://veterinarynews.dvm360.com/veterinary-challenge-occupy-internet-build-credible-information-pet-owners</a>.
- 28. AAHA Veterinary Fee Reference, 10th edition, AAHA Press 2018; pp. 99.
- 29. AAHA State of the Industry 2015. Accessed Oct. 2, 2018 at <a href="https://www.aaha.org/professional/media/aaha">www.aaha.org/professional/media/aaha</a> state of the industry 2015.aspx.

Helpful resources	Link
Article: Ask yes-or-yes questions for	www.csvets.com/userfiles/Ask%20yes%20or%20yes%20questi
positive results	ons%20for%20positive%20results.pdf
Article: Avoid wiggle words that kill	www.csvets.com/news/downloads/20040.pdf
dental compliance	
Article: Taking the fear out of	www.csvets.com/userfiles/Taking%20the%20Fear%20Out%20o
anesthesia	<u>f%20Anesthesia.pdf</u>
Article: What DVMs can learn from	www.csvets.com/userfiles/What%20DVMs%20can%20learn%2
MDs	<u>0from%20MDs.pdf</u>
Book: The Veterinary Practice	http://shop.csvets.com/books-and-videos/the-veterinary-
Management Resource Book & CD	<u>practice-management-resource-book-cd/</u>
Video: 3 treatment plan mistakes to	www.youtube.com/watch?v=LA2Bq_oRiik
avoid	
Video: Take dental pictures with your	www.youtube.com/watch?v=2BO51ZMuJaA
smart phone	
Video: Teach pet owners with dental	www.youtube.com/watch?v=CIPJTaiPdKk
photos	
Video: When clients consult Dr.	www.youtube.com/watch?v=cPKO5HrVpSA
Google	
Webinar: Creating the 5-star	http://shop.csvets.com/communication-skills/creating-the-5-star-
experience for surgery and dentistry	experience-for-surgery-and-dentistry/